FILING DATE 09/762648 MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AFTER AS FILED 1st AMENDMENT DEP ומט. DEP. IND. DEP. DEP. IND. IND IND. DEP. IND. DEP. TOTAL TOTAL 732.412 STATE OF THE STATE

·May be used for additional claims or amendments

U.S. DEPARTMENT of COMMERCE

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